



COVID-19

End of the Federal COVID-19 Public Health Emergency (PHE) Declaration

Updated May 5, 2023

What You Need to Know

- The federal COVID-19 PHE declaration will end on May 11, 2023.
- Most tools, like vaccines, treatments, and testing, will remain available.
- CDC's ability to collect and share certain data will change.
- CDC is updating its guidance to align with data changes.

May 11, 2023, marks the end of the federal COVID-19 PHE declaration. After this date, CDC's authorizations to collect certain types of public health data will expire.

The United States has mobilized and sustained a historic response to the COVID-19 pandemic. As a nation, we now find ourselves at a different point in the pandemic – with more tools and resources than ever before to better protect ourselves and our communities.

CDC has been working for many months to fold the agency's COVID-19 emergency response activities into its existing structure and programs, as part of an ongoing transition to sustainable public health practice. The agency has also been working with partners, including states and local territories, to prepare for the end of the PHE declaration and communicate updated reporting requirements and cadences.

While reporting frequency and source data for some metrics will shift when the PHE declaration ends, CDC will continue to report valuable data to inform individual and community public health actions to protect those at highest risk of severe COVID-19. Our priority remains providing the information necessary to protect the nation's public health.

What Does the End of the PHE Mean for You?

Most tools, like vaccines, treatments, and testing, will remain available. But, some tools, like certain data sources and reporting, will change.



Vaccines will remain available.

Access to COVID-19 vaccines will generally not be affected for now. The U.S. government is currently distributing free [COVID-19 vaccines](#) for all adults and children. To help keep communities safe from COVID-19, HHS remains committed to maximizing continued access to COVID-19 vaccines.




COVID-19 at-home tests may not be covered by insurance.

Insurance providers will no longer be required to waive costs or provide free COVID-19 tests. CDC's [No Cost COVID-19 Testing Locator](#) can help people find current community and pharmacy partners participating in the [Increasing Community Access to Testing \(ICATT\)](#) program.



Treatments will remain available.

Medication to prevent severe COVID-19, [such as Paxlovid](#)  [Paxlovid](#), will remain available for free while supplies last. After that, the price will be determined by the medication manufacturer and your health insurance coverage. Check with your healthcare provider if you need [early treatment to prevent severe COVID-19](#).



National reporting of COVID-19 may change.

We have the right data for this phase of COVID-19 that will allow us to understand what's happening with the virus in America in real-time. Simply put, while what we have going forward will be different, it will still allow CDC, local public health officials, and the members of the public to understand COVID-19 dynamics at the community level.

CDC's Data and Surveillance

Monitoring the impact of COVID-19 and the effectiveness of prevention and control strategies remains a public health priority. With the COVID-19 PHE declaration ending, some metrics will remain the same, but some will change in frequency, source, or availability. This is in part because CDC's authority to collect and receive certain types of data will change. CDC will continue to provide sustainable, high-impact, and timely information to inform decision-making.



The following metrics remain available:

COVID-19 hospital admissions.

All hospitals are required to report data through the end of April 2024. This provides a consistent and comprehensive way for weekly tracking of severe COVID-19 at the county level. These data will shift from daily to weekly reporting shortly after May 11.

COVID-19 deaths will remain, but the source of data has changed.

The National Vital Statistics System (NVSS) is the most accurate and complete source of death data, and timeliness of death certificate reporting has improved over the course of the pandemic. A new metric, the percent of deaths that are COVID-19-associated, and other metrics from NVSS will be reported weekly.

Emergency department patient visits with diagnosed COVID-19 will continue to be posted on a weekly basis.

These data cover about three-quarters of the nation's emergency departments and provide information about COVID-19 trends in most states. This is one of the fastest ways to spot changing trends in COVID-19 transmission.

COVID-19 test positivity will remain, but the source of data has changed.

After May 25, CDC will report regional-level test positivity data from the [National Respiratory and Enteric Virus Surveillance System \(NREVSS\)](#), a longstanding system with over 450 labs from across the country that voluntarily submit data. These data can provide early indications of COVID-19 transmission.

Wastewater surveillance and genomic surveillance will remain in place.

This will allow the CDC to track transmission and how the virus is mutating.

Count of COVID-19 vaccines administered will remain for jurisdictions who continue to submit data, but frequency will change.

These data will be updated monthly, instead of weekly.



The following data have been added:

Percentage of COVID-19 associated deaths each week.

Tracking the percentage of deaths caused by COVID-19 provides a timely look at whether the proportion of COVID-19 deaths are increasing or decreasing. This is modeled after a longstanding indicator for flu surveillance.



The following data have been removed:

COVID-19 case and death data are no longer highlighted on COVID Data Tracker.

Throughout the pandemic, case and death counts were reported weekly to the CDC by states. Case data has become increasingly unreliable as some states and jurisdictions may no longer collect case data, testing results are sometimes not reported, or some individuals skip testing all together. CDC continues to receive line-level data on COVID-19 cases through the National Notifiable Disease Surveillance System—a system that CDC uses to regularly collect case data for around 120 notifiable diseases. These data are available to the public for analysis at data.cdc.gov.

National, county-level test positivity data from COVID-19 Electronic Reporting (CELR) are no longer available.

This is because after May 11th [laboratories are no longer required to report results](#) [↗](#).

The V-safe tracking system for health check-ins after vaccination health check-ins is ending.

CDC will continue to monitor COVID-19 vaccines through its other established vaccine safety monitoring systems. V-safe users or others who get vaccinated can report any possible health problems or adverse events following vaccination to the [Vaccine Adverse Event Reporting System](#) [↗](#).

CDC has published two articles in the Morbidity and Mortality Weekly Reports which offer a more detailed description of changes to data after the COVID-19 public health emergency declaration expires. Find them here:

- [COVID-19 Surveillance After Expiration of the Public Health Emergency Declaration — United States, May 11, 2023](#)

- [Correlations and Timeliness of COVID-19 Surveillance Data Sources and Indicators — United States, October 1, 2020–March 22, 2023](#)

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